MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010549
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 455

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1 5117
2 5117½
3
4 1
5 2
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7 1
8 0
9 4201
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12 86-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF J.L. Mother's Husband DOCUMENT

FILED APR 9 1963

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hillside Rest Home 718 N. 7th St. — Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
Length of stay in 1b: 30 years
c. CITY OR TOWN St. Joseph — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 1124 N. 2nd St. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Minnie Middle May Last Reddick

4. DATE OF DEATH Month April Day 5 Year 1963

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH Dec. 2, 1873
9. AGE (last birthday) 89
IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (City and state or country) Troy, Kansas
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Mordica Rhue
13b. MOTHER'S MAIDEN NAME Martha Maynard
14. NAME OF HUSBAND OR WIFE Edward Reddick (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of servi
16. SOCIAL SECURITY NO.
17. INFORMANT Gilbert Rhue Address St. Joseph, Mo. 1124 No. 2nd St.

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Sclerosis — INTERVAL BETWEEN ONSET AND DEATH 3 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Severe Rheumatoid arthritis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4-2-63 to 4-5-63 and last saw her/him alive on 4-2-63
Death occurred at 9:00 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title) J. L. Mothershead M.D.
22b. ADDRESS 2603 Frederick
22c. DATE SIGNED 4-5-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE April 6, 1963
23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery
23d. LOCATION (City, town, or county) (State) Troy, Kansas

24. FUNERAL DIRECTOR ADDRESS Clark Funeral Home St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG. April 5, 1963
26. REGISTRAR'S SIGNATURE Mrs Clark Kendell

(Licensed Embalmer's Statement on Reverse Side)

Permit issued 3-5-69

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Allen E Bazan

Licensed Embalmer No. 4795

P. O. Address St Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.